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West Des Moines, IA 50266

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www.kiesling.com

REDACTED – FOR PUBLIC INSPECTION

Received & Inspected

June 25, 2015

JUN 29 2015

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

FCC Mail Room

**Re: WC Docket No. 14-58
2015 ETC Annual Report of Hooper Telephone Company, Study Area Code 371563
Request for Confidentiality**

Dear Ms. Dortch:

On behalf of Hooper Telephone Company, Kiesling Associates LLP files the attached confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to Sections 54.313 and 54.422 of the Commission's rules.¹ Hooper Telephone Company seeks confidential treatment under Protective Order for Section 54.313(f)(2) financial information.² The redacted version is also being filed this date via the FCC's Electronic Comment Filing System. In addition, an attached letter requests confidential treatment under Sections 0.457 and 0.459 of the initial Section 54.202(a) Five-Year Service Quality Improvement Plan as required by Section 54.313(a)(1).³

Please direct any questions about this filing to the undersigned at 515-223-0159 or cclauson@kiesling.com.

Sincerely,

KIESLING ASSOCIATES LLP

Cheryl A. Clauson

Cheryl A. Clauson, CPA
Partner

cc: Charles Tyler, Telecommunications Access Policy Division (two copies, confidential)

¹ 47 C.F.R. §§ 54.313, 54.422.

² *Connect America Fund et al.*, WC Docket No. 10-90 *et al.*, Protective Order, DA List ABODE Nov. 16, 2012 (Protective Order). 47 C.F.R. § 54.313(f)(2).

³ 47 C.F.R. §§ 0.457, 0.459, 54.313(a)(1).

No. of Copies rec'd 0+1
List ABODE



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445 12th Street, SW
Washington, DC 20554

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**Re: WC Docket 14-58
2015 ETC Annual Report of Hooper Telephone Company, Study Area Code 371563**

Dear Ms. Dortch:

On behalf of Hooper Telephone Company (the “Company”), Kiesling Associates LLP hereby requests withholding from public inspection certain information contained in an attachment to the above referenced reporting requirement, pursuant to Sections 0.457 and 0.459 of the Commission’s rules.¹ The Company provides the following in support of its request, numbered consistent with the subparagraphs of Section 0.459(b).²

1. The information for which the Company is seeking confidential treatment is the attachment at Line 112 of the Company’s annual reporting information in FCC Form 481, pursuant to Sections 54.313 and 54.422 of the Commission’s rules (“Report”).³
2. Pursuant to Section 54.313(a)(1), Rate-of-Return Eligible Telecommunications Carriers (“ETCs”) must file with the Commission a Progress Report on its Five-Year Service Quality Improvement Plan (“Progress Report”) which is contained in the attachment to the 2015 Report.⁴
3. The information contained in attachment for which the Company seeks the withholding from public inspection is the entirety of data pertaining to the Company’s Five-Year Plan, as provided at FCC Form 481 Line 112 attachment. Information of this nature is confidential commercial information routinely withheld from public inspection.
4. With respect to identifying the degree to which the subject attachment concerns a service that is subject to competition, the information is of a financial and competitive nature regarding the provision of telecommunications services. The Line 112 attachment contains competitively sensitive information related to proposed improvements or upgrades and maintenance the Company’s network.

¹ 47 C.F.R. §§ 0.457, 0.459.

² 47 C.F.R. § 0.459(b)(1) through (9).

³ 47 C.F.R. §§ 54.313, 54.422.

⁴ 47 C.F.R. §§ 54.313(a)(1).

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In its *March 5, 2013 Order*, the FCC specified that for rate-of-return carriers, the five-year plans “should describe the carrier’s network improvement plan, which should provide greater visibility into current plans to extend broadband service to unserved locations in rate-of-return service territories.”⁵ The Company is a rate-of-return carrier filing its five-year service improvement plan which contains proprietary, competitively sensitive information related to the Company’s existing network including the specific locations of customers as well as describe proposed improvements or upgrades and maintenance of its network throughout its service area. Specifically, this information sets forth services provided by the Company over its existing network including specific locations of customers as well as planned network improvement and maintenance for the years 2015 through 2019 including project start and completion dates, population that will be impacted by the improvements and upgrades at the wire center level and projected capital costs associated with the improvements and upgrades and operating costs associated with maintaining the network including depreciation for investments that have already been made. As such, this information contains competitively sensitive information related to the Company’s existing network as well as detailed plans at the wire center level for network upgrades and maintenance projected for the years 2015 through 2019.

5. With respect to identifying possible exposure to competitive harm, the information contained in the Line 112 attachment is information that is not customarily released to the public. This information is proprietary to the Company, is unique to the Company’s serving territory and is only known to the Company and its authorized agents. If the Information is not protected, it would have economic value to existing and potential competitors who would be able to target their marketing to specific customers. In a competitive telecommunications marketplace, this type of information is highly sensitive. If publicly disclosed, it would enable competitors to craft business plans that capitalize on their knowledge of the locations of the Company’s customers which would place the Company at a competitive disadvantage.
6. With respect to steps the Company has taken to ensure against unauthorized disclosure of the information contained in the attachment, the Company is filing the attachment under seal. The Company uses the information contained in the Five-Year Plan to ensure that its customers continue to receive state-of-the-art high quality telecommunications and broadband services that the Company has been providing to them for many years as well as to satisfy mandatory reporting requirements and does not share the information for which protection is sought. The Company protects the secrecy of this information with a security protocol that ensures the information is not inadvertently disclosed or disseminated. Only directors, managers and employees with a direct need to know are authorized to access the information.
7. Previous versions of this information are not publicly available.
8. Because the information is not routinely available, a need exists for maintaining the confidentiality of this information permanently.
9. Not applicable.

⁵ See *Connect America Fund et al.*, WC Docket 10-90 *et al.*, Order, DA 13-332 (rel. Mar. 5, 2013) (“*March 5, 2013 Order*”) at para. 9 citing Section 54.202(a)(1)(ii).

REDACTED – FOR PUBLIC INSPECTION

Based on the preceding, Kiesling respectfully requests on behalf of the Company that the Commission grant confidential treatment under Section 0.459 to Company's Five-Year Plan provided at FCC Form 481 Line 112 attachment.

Please contact the undersigned at 515-223-0159 or cclauson@kiesling.com with questions regarding this request.

Sincerely,

KIESLING ASSOCIATES LLP

Cheryl A. Clauson

Cheryl A. Clauson, CPA
Partner

FCC Form 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3080-0086/OMB Control No. 3080-0019 July 2013
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<010> Study Area Code	371563	Received & Inspected
<015> Study Area Name	HOOPER TEL CO	
<020> Program Year	2016	JUN 29 2015
<030> Contact Name: Person USAC should contact with questions about this data	Michael Nelson	
<035> Contact Telephone Number: Number of the person identified in data line <030>	7127865578 ext.	FCC Mail Room
<039> Contact Email Address: Email of the person identified in data line <030>	mnelson@westel systems.com	

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
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<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 371563ne510.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 371563ne610.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)?	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> 371563ne1010.pdf	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No)	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
---	--

<010> Study Area Code	371563
<015> Study Area Name	HOOPER TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035> Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

371563nel12.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year

- service quality improvement plan pursuant to §54.202(a). The information shall be
- <113> Maps detailing progress towards meeting plan targets
 - <114> Report how much universal service (USF) support was received
 - <115> How much (USF) was used to improve service quality and how support was used to improve service
 - <116> How much (USF) was used to improve service coverage and how support was used to improve service
 - <117> How much (USF) was used to improve service capacity and how support was used to improve service
 - <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Not Applicable

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelaysystems.com

Page 3

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

-- See attached worksheet

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelaysystems.com

Page 5

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com
<810>	Reporting Carrier	Hooper Telephone Company
<811>	Holding Company	West Iowa Telephone Company
<812>	Operating Company	Hooper Telephone Company

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes

to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to

- <921> Needs assessment and deployment planning with a focus on Tribal
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not

(1100) No Terrestrial Backhaul Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelystems.com

Please confirm whether terrestrial backhaul options exist within the supported area

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support. carriers must

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	
<015>	Study Area Name	371563
<020>	Program Year	HOOPER TEL CO
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	MICHAEL NELSON
<039>	Contact Email Address - Email Address of person identified in data line <030>	7127883378 ext.
		nelson@westel.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b))

Name of Attached Document(s) Listing Required

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s) on line contains the required pursuant to 47 CFR § 54.313(f)(1)(iii) as a recipient of CAF Phase II support shall provide the number, names, addresses of community anchor institutions to which began providing access to broadband service in preceding calendar

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required

(3000) State of Polling Carrier Additional Documentation Date Completed: 7/2/13	FCC Form 481 OMB Control No. 3080-0182 / GSA Control No. 2048-0013 July 2013
--	--

<010> Study Area Code 371563
 <015> Study Area Name HOOPER TEL CO
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Michael Nelson
 <035> Contact Telephone Number - Number of person identified in data line <030> 7127865578 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> mnelson@westel.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

371563ne3010.pdf

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s) on line 3012 contains the required information
 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which
 providing access to broadband service in the reporting calendar year began

☐

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☒ (Yes/No) ☒

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance

(3015) Electronic copy of their annual RUS reports (Operating Report for
 Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash ☐

(3017) If the response is yes on line 3014, attach your company's RUS annual
 report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?
 (Yes/No) ☒

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☒

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash ☒

(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's ☒

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an
 independent certified public accountant; or 2) a financial report in a
 format comparable to RUS Operating Report for Telecommunications
 Borrowers, ☐

(3023) Underlying information subjected to a review by an independent certified
 public accountant ☐

(3024) Underlying information subjected to an officer certification. ☐

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash ☐

(3026) Attach the worksheet listing required information

371563ne3026.pdf

Name of Attached Document Listing Required Information

REDACTED – FOR PUBLIC INSPECTION

LINES 3027-3034

LINES REDACTED IN ENTIRETY

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0385/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371563
<015> Study Area Name	HOOPER TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035> Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0386/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	371563
<015> Study Area Name	HOOPER TEL CO
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035> Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	Kiesling Associates
Name of Reporting Carrier:	HOOPER TEL CO
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/23/2015
Printed name of Authorized Officer:	Robert Gannon
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	7127865572 ext.
Study Area Code of Reporting Carrier:	371563 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	HOOPER TEL CO
Name of Authorized Agent or Employee of Agent:	Kiesling Associates LLP
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/23/2015
Printed name of Authorized Agent or Employee of Agent:	Cheryl Clauson
Title or position of Authorized Agent or Employee of Agent:	Regulatory Consultant
Telephone number of Authorized Agent or Employee of Agent:	5152230159 ext.
Study Area Code of Reporting Carrier:	371563 Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

47 CFR §54.313(a)(5) requires an ETC to certify that it is complying with applicable service quality standards and consumer protection rules. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2). Hooper Telephone Company's network is designed to remain functional in emergency situation. Hooper Telephone Company has a reasonable amount of back-up power to provide functionality without an external power source and, in many areas has the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from an emergency situation. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

REDACTED - FOR PUBLIC INSPECTION

(700) Price Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

<703>

[illegible]

REDACTED - FOR PUBLIC INSPECTION

(710) Broadband Price Offerings
Data Collection Form

FCC Form 481

OMB Control No. 3060-0985/OMB Control No. 3060-0819

July 2015

<010>	Study Area Code	371563
<015>	Study Area Name	HOOVER TEL CO
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelestems.com

<711>

[illegible]

FCC Form 481, Line 1010: Voice Services Rate Comparability

As of January 1, 2015, the ETC's pricing of fixed voice service (reported on line 703 of this filing) is below the current national average urban rate for voice service (\$47.48), as published annually by the Wireline Competition Bureau.

Hooper Telephone Company d/b/a Westel Systems
Local Exchange Service Tariff

Section 2
6th Revised Sheet 2-6

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

A. The Nebraska Telephone Assistance Program (NTAP) is part of a national program (called Lifeline) designed to promote universal service for low-income households.

B. NTAP provides for qualifying low-income consumers to pay reduced monthly charges. NTAP monthly service reductions include:

- 1) Federal Lifeline Support Credit of \$9.25 (includes Federal End User Common Line Credit of \$6.50 and remainder \$2.75 credit covers basic service.
- 2) A monthly reduction off the local service charges in the amount of \$3.50 from the Nebraska Universal Service Fund.

C. The following eligibility requirements apply:

A consumer's household income must be at or below 135 per (N)
of the Federal Poverty Guidelines; or (N)

The consumer, one or more of the consumer's dependents, (T)
or the consumer's household must receive benefits from |
one of the following federal assistance programs: (T)

- 1) Medicaid,
- 2) Supplemental Nutrition Assistance Program (SNAP), (T)
f/k/a Food Stamps,
- 3) Supplemental Security Income (SSI),
- 4) Federal Public Housing Assistance,
- 5) Low Income Home Energy Assistance Program (LIHEAP),
- 6) National School Lunch Program's Free Lunch Program, (N)
- 7) Temporary Assistance for Needy Families (TANF), or (N)
- 8) Have a child who participates in the Children's Health (T)
Insurance programs (SAM, MAC, E-MAC, and Kids Connection) (T)

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

D. NTAP services include:

(C)

- 1) voice grade access to the public switched network
- 2) local usage at no additional charge
- 3) access to emergency services
- 4) toll limitation services

(C)

E. Toll limitation service, in the form of toll blocking, offered to qualifying consumers at no charge.

F. No service deposit will be collected in order to initiate NTAP service, if the qualifying low-income consumer voluntarily elects toll blocking. If the qualifying low-income consumer does not voluntarily elect toll blocking, a service deposit may apply.

G. An NTAP customer's local service will not be disconnected for non-payment of toll charges; however, an NTAP customer's toll service may be disconnected for non-payment of toll charges.

H. An NTAP customer's local service will not be disconnected for non-payment of local service charges until sixty (60) days after all NTAP credits due for a particular billing period have been fully applied to any billed amounts for that particular billing period.

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

2-2014

(If you live on Tribal land, DO NOT use this application. Contact your local phone company for a Tribal land discount.)

APPLICANT INSTRUCTIONS: In order to be approved to receive assistance on your phone bill you must complete and sign this application. Read this application completely (**Front and Back**), answer all questions on this form, provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509.**

Have Questions: Call 1-800-526-0017 or in Lincoln, 402-471-3101

Applicant's complete Social Security Number: _____ - _____ - _____

☐ I am a citizen of the United States

---OR---

☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status and alien number are as follows: My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Please list all members of your household including applicant.

First Name	MI	Last Name	Social Security Number	Date of Birth (Month/Day/Year)

******PLEASE NOTE: THIS APPLICATION IS PRINTED FRONT AND BACK. REMEMBER TO DOUBLE CHECK EACH SIDE TO MAKE SURE YOUR APPLICATION IS COMPLETE******

Applicant Name: Last _____ First _____ MI _____

Last 4 digits of Applicant's Social Security Number: _____ Applicant's Date of Birth: ____/____/____

Street Address of where you live (This cannot be a PO Box):

Street: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Please check one: Is the address listed above: ☐ Temporary ☐ Permanent

Mailing Address: ONLY if different from the address you listed above. This can be a PO Box.

Mailing Address: _____

City: _____ State: _____ Zip: _____

There are _____ members in my household including applicant.

Is there more than one household at the address you listed above? Check ☐ NO or ☐ YES

****Note: please read definition of household above. Household does not include others living at apartment complex, nursing home or assisted living building, only those at your specific address.**

Name of My Phone Company: _____

My Phone Number is: (____) _____

Customer Name on Phone Bill: _____

****Please Note: the phone bill must be in or contain the applicant's name**

OR mark that you do not currently have phone service

____ I do not currently have phone service

- ☐ Medicaid-No Proof Needed
- ☐ Low-Income Home Energy Assistance (LIHEAP) -No Proof Needed
- ☐ Supplemental Nutrition Assistance Program (SNAP)-No Proof Needed
- ☐ Temporary Assistance for Needy Families (TANF)-No Proof Needed
- ☐ Kids Connection (SAM, MAC or EMAC)-No Proof Needed
- ☐ Federal Public Housing-Complete section of form titled "Housing Authority Personnel Please Note" on last page
- ☐ National School Lunch Program **Free** Lunch Program-Current award letter from school or Call NTAP for form
- ☐ Supplemental Security Income (SSI)-Current award letter from Social Security Administration
- ☐ My income is at or below 135% of the poverty level-See eligibility guideline section on last page

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

Each of the following statements **MUST** be marked in order to receive phone assistance.

I Certify Under Penalty of Perjury that:

- ☐ I agree to notify my phone provider and complete a new application requesting assistance within 30 days of moving.
- ☐ I understand that if I provided a temporary address above I am required to verify my address every 90 days. I understand that if I fail to respond to address verification, it may result in my being de-enrolled (the credit being removed from my phone account) from NTAP.
- ☐ I understand completion of this application does not constitute immediate acceptance into this program.
- ☐ I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my phone account) from the program.
- ☐ I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.
- ☐ I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed) or being barred from the program.
- ☐ I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account) from NTAP.
- ☐ I understand that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my phone company and NTAP within 30 days and that failure to abide by this requirement may result in penalties.
- ☐ I understand that there can only be one supported phone line per household, I have read the definition of household provided above and I understand that if I violate the one supported phone line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account) from NTAP and this violation could result in criminal prosecution by the U.S. Government.
- ☐ I will notify my phone provider and NTAP within 30 days if my household is receiving more than one NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from NTAP. I understand that failure to follow this requirement may result in penalties.
- ☐ I agree to notify NTAP within 30 days of changing my phone number.
- ☐ I agree to notify NTAP and complete a new application requesting assistance if I decide to change my phone provider.
- ☐ I understand that if I am completing this application due to a change of phone providers, it will not result in more than one NTAP supported phone account in my household or I understand that in the future if I change phone providers, this change cannot result in more than one NTAP supported telephone account in my household.
- ☐ I currently participate in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.
- ☐ I understand it is my responsibility to notify the NTAP and my phone company within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties.

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program. By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

*Applicant or POA Signature

Date

* If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included

Household Size	1	2	3	4	For each add'l person
At or below	\$15,755	\$21,236	\$26,717	\$32,198	Add \$5,481

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Military Benefits: Copy of your Veterans, Civil Service, or Military Allotment benefits statement.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

Household has no income: If your household does not have any income, you are required to submit a written statement which clearly states that your household has no income. Your statement must be signed and dated by you, the applicant and be included with the application you return to NTAP.

HOUSING AUTHORITY PERSONNEL PLEASE NOTE:

You are completing this document as verification that the person below is receiving Federal Housing Assistance (HUD, Section 8 or USDA Rural Development). Please complete all the information below.

Tenant Name:

AGENCIES hereby "certify" that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Authorized Signature and Title (Housing Authority Personnel ONLY)

Printed Name of Authorized Personnel

Date

()

Telephone Number

Agency Address

City

State

Zip Code

Line 3010 Progress Report on 5 Year Plan – Milestone Certification

The Company certifies that it is progressing to provide upon a reasonable request, broadband services at actual speeds of 4Mbps downstream/1Mbps upstream, with latency suitable for real-time applications including VoIP and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas, and that requests for such service are met within a reasonable amount of time.

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT - LINE 3026

ATTACHMENT REDACTED IN ENTIRETY